

Summarized guidance re: SUD treatment, medication for opioid use disorder, drop-in centers, & shelter practice changes

March 15, 2020 -

Missouri Department of Mental Health, State Opioid Response
Missouri's 24 hour COVID-19 Hotline: 24 hour hotline: 877-435-8411

Missouri's COVID-19 website:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>

Primary Sources:

SAMHSA OTP Guidance - <https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>

Harm Reduction Coalition - <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>

National Healthcare for the Homeless: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

CA Bridge COVID-19 National Emergency Response: <https://www.bridgetotreatment.org/covid-19>

1. Review/Create a communication plan among staff and volunteers

- a. Create a plan to overcome barriers related to technology, secure access, employee absence
- b. Consider assigning staff to work in consistent pairs ("buddy system") to reduce person-to-person spread

2. Take stock of your essential services

- a. Which programs are essential and must be provided even at reduced operations vs. can be postponed or canceled, what can benefit from creative flexibility?

3. Limit touching of surfaces and sanitize everything frequently

- a. Do not have participants touch electronics (tablets, computers, shared phones)
- b. Sanitize or dispose of pens after use
- c. Limit use of shared staff computers, use only personal machines if possible

4. Buprenorphine & naltrexone guidance (adapted from New York State):

- a. Ensure you have up-to-date contact information for participants and their pharmacies
- b. Give all participants a specific phone number to call if they are close to being out of medication and cannot come into the office
- c. Arrange for refills in advance in case provider cannot come into the office – have a coordinator monitor who may be running out and arrange for refills
- d. Extend intervals of visits – give Rxs of the maximum length possible
- e. Give more refills than usual
- f. Ensure the prescriber and coordinator(s) have access to the EHR and e-prescribing platform while offsite (also consider having paper Rx forms at home)
- g. Designate a specific back-up prescriber/s in advance for needed refills
- h. Remind participants if they are unable to go out, they can authorize someone else to pick up their Rx

5. **SAMHSA newly-released guidance on Opioid Treatment Programs (methadone clinics)**
 - a. For full guidance, visit: <https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>
 - b. Main points:
 - i. Give more take-home doses if at all possible – both to reduce transmission and to prepare for decreased access in the future
 - ii. Utilize telehealth for counseling
 - iii. Create/refine your disaster plan for alternative dosing sites, decreased staff, etc.
 - iv. IF PATIENT IS QUARANTINED/IN ISOLATION:
 1. Identify a trustworthy, patient designated, uninfected 3rd party, i.e. family member, neighbor, to deliver the medications using the OTP's established chain of custody protocol for take home medication
 2. If a trustworthy 3rd party is not available or unable to come to the OTP, then the OTP should prepare a “doorstep” delivery of take home medications. Any medication taken out of the OTP must be in an approved lock box.
6. **CA-BRIDGE COVID19 National Emergency Response Document – VERY GOOD**
 - a. Emergency Department based program full guidance: <https://www.bridgetotreatment.org/covid-19> - main categories:
 - b. Keeping patients and providers safe (e.g., minimize in person visits, max Rxs)
 - c. Keeping Substance Use Navigators safe from infection (e.g., not physically present in clinical spaces)
 - d. Caring for people on buprenorphine or methadone who are quarantined/isolated/high-risk
 - e. Reducing harm for people who use drugs (e.g., drug use hygiene)
7. **Virtual recovery support groups and tools**
 - a. Calendar of SMART Recovery online meetings: https://www.smartrecovery.org/community/calendar.php?utm_source=getresponse&utm_medium=email&utm_campaign=volunteers_us_ca&utm_content=COVID-19%20%26%20SMART%20Face-to-Face%20Meetings
 - b. Calendar of In The Rooms – A Global Recovery Community online meetings: <https://www.intherooms.com/home/live-meetings/>
8. **Guidance for people actively using drugs**
 - a. For full guidance, visit: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>, example tips:
 - b. Practice safer drug use, keep clean, and practice hygiene
 - c. Avoid sharing supplies (pipes, straws, etc.) even more than usual. If you have to share, wipe down with alcohol swabs.
 - d. Prepare your drugs yourself – if someone else is doing it, observe them washing their hands thoroughly before and after
 - e. Plan and prepare for overdose and reversing each other with naloxone – EMS may be stretched thin with 911 calls
 - i. Never using alone can be difficult during isolation/quarantine. If you do, visit here first: <http://neverusealone.com/>

And call: 800-484-3731 – they will stay on the phone with you while you use and if you're unresponsive they will call 911 (and you will be legally protected by Missouri's Good Samaritan law)

- ii. If you live in a rural area and need naloxone, contact <https://nextdistro.org/> and some can be mailed to you

9. Tips for community-based syringe services and harm reduction providers

- a. Prioritize staff and participant safety – have staff work in the same pairs (do not rotate), consider limiting program access for non-essential visitors, sanitize surfaces throughout the day
- b. Give EXTRA supplies to limit the need to come in – take inventory of your stock and discuss with staff what is the maximum allowance for each item

10. Guidance for people experiencing homelessness and staff at shelters, encampments:

- a. From National Healthcare for the Homeless: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>
- b. This site has dozens of very helpful links + FAQs + example protocols + fliers to print for your waiting areas ("Cover your Cough" pdf, etc)
- c. See this [specific document on Street Outreach safety](#):
 - i. **Outreach Kit**
 - ii. During an infectious disease outbreak, every worker doing outreach activities with clients should carry the following supplies (per visit)
 - ▶ Two pairs of disposable rubber gloves
 - ▶ Two pairs of non-latex, puncture-proof gloves
 - ▶ Two N95 Respirators
 - ▶ Two pairs of goggles
 - ▶ One bottle of personal hand sanitizer
 - ▶ 10 moist (preferably alcohol-soaked) hand wipes
 - ▶ Insect-repellent wipes
 - ▶ Water